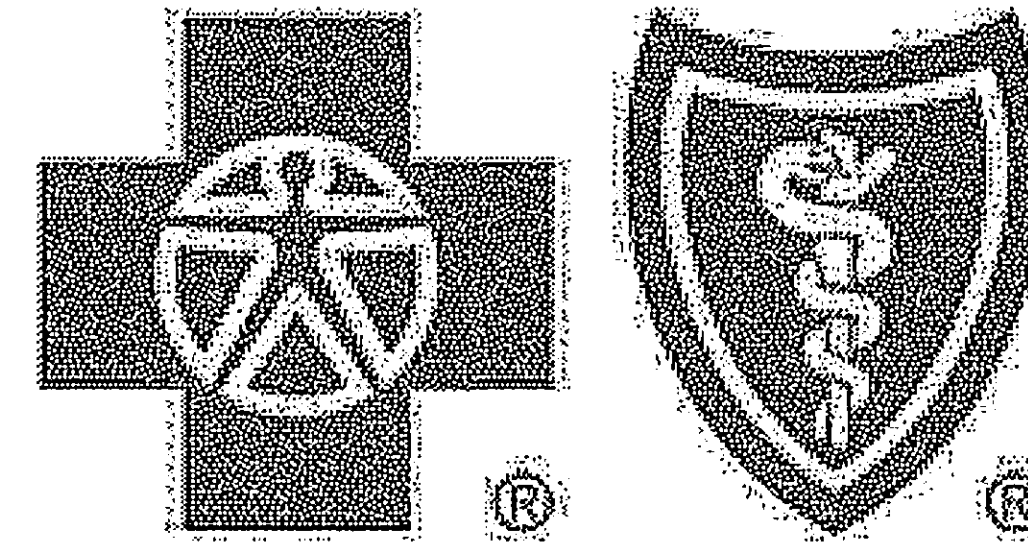


# **Exhibit 215**

## **(Filed Under Seal)**





Horizon Blue Cross Blue Shield of New Jersey

**Horizon Medicare Blue Patient-Centered w/Rx (HMO)**

**2015 Formulary**

**(List of Covered Drugs)**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Formulary ID: 15036, Version: 7

This formulary was updated on August 8, 2014. For more recent information or other questions please contact Horizon Blue Cross Blue Shield of New Jersey at 1-800-391-1906 or, for TTY/TDD users, 711. Hours are Monday through Sunday, open 24 hours, or visit [www.horizonblue.com/ma-drug-search](http://www.horizonblue.com/ma-drug-search).

This information is available for free in other languages. Please contact our Member Services number at 1-800-391-1906 for additional information. (TTY/TDD users should call 711). Hours are Monday through Sunday, open 24 hours.

Esta información está disponible en forma gratuita en otros idiomas. Sírvase llamar a Servicios para Miembros al 1-800-391-1906 para obtener información adicional. (Los usuarios de TTY/TDD deben llamar al 711) Nuestro horario es de lunes a domingo, Abierto las 24 horas.

Y0090\_HORFORM152 Accepted

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FRX-AT-01778749



2015

Drug Name	Drug Tier	Requirements/ Limits			
		B or D	Prior Authorization	Quantity Limits <sup>†</sup>	Step Therapy
galantamine hydrobromide cap sr 24hr 24 mg	2				
galantamine hydrobromide cap sr 24hr 8 mg	2				
galantamine hydrobromide oral soln 4 mg/ml	2				
galantamine hydrobromide tab 12 mg	2				
galantamine hydrobromide tab 4 mg	2				
galantamine hydrobromide tab 8 mg	2				
NAMENDA - memantine hcl tab 5 mg	3				
NAMENDA - memantine hcl tab 10 mg	3				
NAMENDA - memantine hcl oral solution 2 mg/ml	3				
NAMENDA TITRATION PAK - memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	3				
NAMENDA XR - memantine hcl cap sr 24hr 7 mg	3				
NAMENDA XR - memantine hcl cap sr 24hr 14 mg	3				
NAMENDA XR - memantine hcl cap sr 24hr 21 mg	3				
NAMENDA XR - memantine hcl cap sr 24hr 28 mg	3				
NAMENDA XR TITRATION PACK - memantine hcl cap sr 24hr 7 mg & 14 mg & 21 mg & 28 mg pack	3				

Drug Name	Drug Tier	B or D	Requirements/ Limits		
			Prior Authorization	Quantity Limits <sup>†</sup>	Step Therapy
rivastigmine tartrate cap 1.5 mg	2				
rivastigmine tartrate cap 3 mg	2				
rivastigmine tartrate cap 4.5 mg	2				
rivastigmine tartrate cap 6 mg	2				
<b>Antidepressants</b>					
ABILIFY - aripiprazole tab 2 mg	5			•	
ABILIFY - aripiprazole tab 5 mg	5			•	
ABILIFY - aripiprazole tab 10 mg	5			•	
ABILIFY - aripiprazole tab 15 mg	5			•	
ABILIFY - aripiprazole tab 20 mg	5			•	
ABILIFY - aripiprazole tab 30 mg	5			•	
ABILIFY - aripiprazole oral solution 1 mg/ml	5			•	
ABILIFY - aripiprazole im inj 9.75 mg/1.3ml (7.5 mg/ml)	4			•	
ABILIFY DISCMELT - aripiprazole orally disintegrating tab 10 mg	5			•	
ABILIFY DISCMELT - aripiprazole orally disintegrating tab 15 mg	5			•	
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5			•	
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5			•	
amitriptyline hcl tab 10 mg#	4		•		
amitriptyline hcl tab 100 mg#	4		•		
amitriptyline hcl tab 150 mg#	4		•		
amitriptyline hcl tab 25 mg#	4		•		
amitriptyline hcl tab 50 mg#	4		•		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

1 = Preferred Generic Drugs

2 = Non-Preferred Generic Drugs

3 = Preferred Brand Drugs

4 = Non-Preferred Brand Drugs

5 = Specialty Drugs

• = Utilization Management (UM)

X = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance

† = Quantity limit restrictions for these drugs are listed beginning on page 74

\* = Limited Distribution Drug

# = High Risk Medication (HRM)



Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits <sup>†</sup>	Step Therapy
<i>amitriptyline hcl tab 75 mg#</i>	4		•		
AMOXAPINE - amoxapine tab 25 mg	4				
AMOXAPINE - amoxapine tab 50 mg	4				
AMOXAPINE - amoxapine tab 100 mg	4				
AMOXAPINE - amoxapine tab 150 mg	4				
BRINTELLIX - vortioxetine hbr tab 5 mg	4			•	
BRINTELLIX - vortioxetine hbr tab 10 mg	4			•	
BRINTELLIX - vortioxetine hbr tab 20 mg	4			•	
<i>bupropion hcl tab sr 12hr 100 mg</i>	2			•	
<i>bupropion hcl tab sr 12hr 150 mg</i>	2			•	
<i>bupropion hcl tab sr 12hr 200 mg</i>	2			•	
<i>bupropion hcl tab sr 24hr 150 mg</i>	2			•	
<i>bupropion hcl tab sr 24hr 300 mg</i>	2			•	
<i>bupropion hcl tab 100 mg</i>	2			•	
<i>bupropion hcl tab 75 mg</i>	2			•	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2			•	
<i>citalopram hydrobromide tab 10 mg</i>	1			•	
<i>citalopram hydrobromide tab 20 mg</i>	1			•	
<i>citalopram hydrobromide tab 40 mg</i>	1			•	
<i>clomipramine hcl cap 25 mg#</i>	4		•		

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits <sup>†</sup>	Step Therapy
<i>clomipramine hcl cap 50 mg#</i>	4		•		
<i>clomipramine hcl cap 75 mg#</i>	4		•		
<i>desipramine hcl tab 10 mg</i>	2				
<i>desipramine hcl tab 100 mg</i>	2				
<i>desipramine hcl tab 150 mg</i>	2				
<i>desipramine hcl tab 25 mg</i>	2				
<i>desipramine hcl tab 50 mg</i>	2				
<i>desipramine hcl tab 75 mg</i>	2				
<i>doxepin hcl cap 10 mg#</i>	4		•		
<i>doxepin hcl cap 100 mg#</i>	4		•		
<i>doxepin hcl cap 150 mg#</i>	4		•		
<i>doxepin hcl cap 25 mg#</i>	4		•		
<i>doxepin hcl cap 50 mg#</i>	4		•		
<i>doxepin hcl conc 10 mg/ml#</i>	4		•		
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>	2			•	
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	2			•	
<i>duloxetine hcl enteric coated pellets cap 60 mg</i>	2			•	
EMSAM - selegiline td patch 24hr 6 mg/24hr	5				
EMSAM - selegiline td patch 24hr 9 mg/24hr	5				
EMSAM - selegiline td patch 24hr 12 mg/24hr	5				
<i>escitalopram oxalate soln 5 mg/5ml</i>	2			•	
<i>escitalopram oxalate tab 10 mg</i>	1			•	
<i>escitalopram oxalate tab 20 mg</i>	1			•	

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 \* = Limited Distribution Drug      # = High Risk Medication (HRM)



2015

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits <sup>†</sup>	Step Therapy
<i>escitalopram oxalate tab 5 mg</i>	1			•	
FETZIMA - levomilnacipran hcl cap sr 24hr 20 mg	4			•	
FETZIMA - levomilnacipran hcl cap sr 24hr 40 mg	4			•	
FETZIMA - levomilnacipran hcl cap sr 24hr 80 mg	4			•	
FETZIMA - levomilnacipran hcl cap sr 24hr 120 mg	4			•	
FETZIMA TITRATION PACK - levomilnacipran hcl cap sr 24hr 20 & 40 mg therapy pack	4			•	
<i>fluoxetine hcl cap 10 mg</i>	1			•	
<i>fluoxetine hcl cap 20 mg</i>	1			•	
<i>fluoxetine hcl cap 40 mg</i>	2			•	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2			•	
<i>fluoxetine hcl tab 10 mg</i>	2			•	
<i>fluoxetine hcl tab 20 mg</i>	2			•	
<i>fluvoxamine maleate tab 100 mg</i>	2			•	
<i>fluvoxamine maleate tab 25 mg</i>	2			•	
<i>fluvoxamine maleate tab 50 mg</i>	2			•	
<i>imipramine hcl tab 10 mg#</i>	4		•		
<i>imipramine hcl tab 25 mg#</i>	4		•		
<i>imipramine hcl tab 50 mg#</i>	4		•		
MAPROTILINE HCL - maprotiline hcl tab 25 mg	4			•	
MAPROTILINE HCL - maprotiline hcl tab 50 mg	4			•	
MAPROTILINE HCL - maprotiline hcl tab 75 mg	4			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits <sup>†</sup>	Step Therapy
MARPLAN - isocarboxazid tab 10 mg	4				
<i>mirtazapine orally disintegrating tab 15 mg</i>	2			•	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2			•	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2			•	
<i>mirtazapine tab 15 mg</i>	1			•	
<i>mirtazapine tab 30 mg</i>	1			•	
<i>mirtazapine tab 45 mg</i>	2			•	
<i>mirtazapine tab 7.5 mg</i>	2			•	
NEFAZODONE HCL - nefazodone hcl tab 50 mg	4				
NEFAZODONE HCL - nefazodone hcl tab 100 mg	4				
NEFAZODONE HCL - nefazodone hcl tab 150 mg	4				
NEFAZODONE HCL - nefazodone hcl tab 200 mg	4				
<i>nefazodone hcl tab 250 mg</i>	4				
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml	4				
<i>nortriptyline hcl cap 10 mg</i>	1				
<i>nortriptyline hcl cap 25 mg</i>	1				
<i>nortriptyline hcl cap 50 mg</i>	1				
<i>nortriptyline hcl cap 75 mg</i>	2				
<i>paroxetine hcl tab sr 24hr 12.5 mg</i>	2			•	
<i>paroxetine hcl tab sr 24hr 25 mg</i>	2			•	

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